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PTO/SB/21 (03-04)

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|--|------------------------|-----------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br><small>(to be used for all correspondence after initial filing)</small> | Application Number     | 10/650,149      |
|  | Filing Date            | Aug/27/2003     |
|  | First Named Inventor   | Ming-Chieh CHEN |
|  | Art Unit               | 2643            |
|  | Examiner Name          | Unknown         |
|  | Attorney Docket Number |                 |
| Total Number of Pages in This Submission   |                        | 3               |

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/Declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
| Remarks   |  |   |
| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>   |  |   |
| Firm Name   |  |   |
| Signature   | Shu-ken Lin  |   |
| Printed name  | Shu-Ken LIN (The Second Inventor)  |   |
| Date  | March 3, 2006  | Reg. No.  |

| CERTIFICATE OF TRANSMISSION/MAILING   |                                   |                       |
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| Signature   | Shu-ken Lin                       |                       |
| Typed or printed name   | Shu-Ken LIN (The Second Inventor) | Date<br>March 3, 2006 |

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MAR 03 2006

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: CHEN et al. Examiner: Unknown  
Serial No.: 10/650,149 Group Art Unit: 2643  
Filed: August 27, 2003  
For: Digital Subscriber Line Device and Method of Processing Dial String Thereby

## CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to Commissioner for Patents, United States Patent and Trademark Office on March 3, 2006

By: Shu-Ken Lin  
Name: Shu-Ken LIN

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

The Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

March 3, 2006

Dear Sir:

The reference listed in an attached Form 1449 may be deemed material to the examination of the above-identified patent application and are, therefore, submitted in compliance with the duty of disclosure defined in 37 C.F.R. §§ 1.56 and 1.97.

This Information Disclosure Statement under 37 C.F.R. §§ 1.56 and 1.97 is not to be construed as a representation that additional information material to the examination of this application does not exist or that this citation constitutes prior art.

No fee is required under 37 C.F.R. §§ 1.97 since this submission is before the mailing of a first Office Action subjected to the above-identified patent application.

Respectfully Submitted,  
Shu-Ken LIN

By Shu-Ken Lin  
Shu-Ken LIN (The Second Inventor)

Approved for use through 07/31/2008. OMB 0551-0031  
U.S. DEPARTMENT OF COMMERCE

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**Complete if Known**

**Complete If Known**

(Use as many sheets as necessary)

Sheet 1 of 1

|                        |                 |
|------------------------|-----------------|
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| Examiner Name          | Unknown         |
| Attorney Docket Number |                 |

[illegible][illegible]

|            |  |
|------------|--|
| Date       |  |
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